

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574205

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7	1					
8	1					
9		1				
10		1				
11		2				
12		0				
13	1					
14		1				
15		2				
16		0				
17		2				
18		2				
19		2				
20		0				
21		0				
22	1					
23		1				
24		2				
25		0				
26	1					
27		1				
28		2				
29		0				
30		0				
31		0				
32		0				
33	1					
34		2				
35		2				
36		0				
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48						
49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	39	←		←		←
TOTAL CLAIMS	47					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						